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|---|--|--|
| <b>Index of Claims</b><br> | <b>Application/Control No.</b><br>10517988 | <b>Applicant(s)/Patent Under Reexamination</b><br>MAIER ET AL. |
|   | <b>Examiner</b><br>Laux, Jessica           | <b>Art Unit</b><br>3635  |

|   |                 |   |                   |   |                     |   |                 |
|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | <b>Rejected</b> | - | <b>Cancelled</b>  | N | <b>Non-Elected</b>  | A | <b>Appeal</b>   |
| = | <b>Allowed</b>  | ÷ | <b>Restricted</b> | I | <b>Interference</b> | O | <b>Objected</b> |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          |            |  | <input type="checkbox"/> CPA |  | <input type="checkbox"/> T.D. |  | <input type="checkbox"/> R.1.47 |  |
|--|----------|------------|--|------------------------------|--|-------------------------------|--|---------------------------------|--|
| CLAIM  |          | DATE       |  |                              |  |                               |  |                                 |  |
| Final  | Original | 10/04/2007 |  |                              |  |                               |  |                                 |  |
|  | 1        | ✓          |  |                              |  |                               |  |                                 |  |
|  | 2        | ✓          |  |                              |  |                               |  |                                 |  |
|  | 3        | ✓          |  |                              |  |                               |  |                                 |  |
|  | 4        | ✓          |  |                              |  |                               |  |                                 |  |
|  | 5        | ✓          |  |                              |  |                               |  |                                 |  |
|  | 6        | ✓          |  |                              |  |                               |  |                                 |  |